



BOURGEOIS MEDICAL CLINIC
 1201 Kenneth Street
 Morgan City, LA 70380
 Phone: (985) 384-3355 Fax: (985) 384-2884

Date: 06/11/20

Name: Flora, Mark A.
 Company: Superior Marine Int. (Servicio)

Date of Exam: 06/11/2020
 Division:

The above named individual has been evaluated for the position listed with the following results:

<input type="checkbox"/> Physically Fit	<input type="checkbox"/> Medically Cleared for:
<input type="checkbox"/> Physically Fit With Restriction:	<input type="checkbox"/> Crane Operator / CDL
<input type="checkbox"/> Must Wear Hearing Protection in High Noise Areas	<input type="checkbox"/> Offshore Work / USCG MMD / STCW
<input type="checkbox"/> No Work Where Hearing Loss is a Risk to Individual or Others	<input type="checkbox"/> Overseas Work / OGUU (UKOOA)
<input type="checkbox"/> No Work with or around Hazardous Machinery	<input type="checkbox"/> Danish/Norwegian/Panamanian/Vanuatu
<input type="checkbox"/> No Work at Unprotected Heights Above Six Feet	<input type="checkbox"/> Diver / Tender / Supervisor Only
<input type="checkbox"/> No Driving Company Vehicles	<input type="checkbox"/> Respirator (Negative Pressure)
<input type="checkbox"/> No Offshore Work	<input type="checkbox"/> Painter / Sandblaster / Airline Supplied
<input type="checkbox"/> No Rotating Shift Work	<input type="checkbox"/> SCBA
<input type="checkbox"/> No Lifting > _____ pounds	<input type="checkbox"/> HUET / BOSIET Training
<input type="checkbox"/> No Repetitive Bending	<input type="checkbox"/> Asbestos Surveillance
<input type="checkbox"/> Must Wear Eye Protection at ALL Times	<input type="checkbox"/> Benzene Surveillance
<input type="checkbox"/> Must Wear Vision Correction for <u>Near</u> / Far / Near and Far Vision	<input type="checkbox"/> Cadmium / Lead Surveillance
<input type="checkbox"/> Abnormal Color Vision - No Work Where Normal Color Vision is Required	<input type="checkbox"/> Food Handler
<input type="checkbox"/> May Not Stand SOLO Night Vessel Watch	<input type="checkbox"/> Labs Reviewed - OK for Work
<input type="checkbox"/> Employee should not take SAFETY SENSITIVE MEDICATIONS. Follow up with Personal Physician for weaning or medication change.	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Deferred for Further Evaluation:
<input type="checkbox"/> _____	<input type="checkbox"/> See Personal Physician Regarding: _____
	<input checked="" type="checkbox"/> Need Complete Medical Records RE: <u>Back Injury - to include Imaging studies</u>
	<input type="checkbox"/> Needs Current / Recent Cardiac Eval (Including Functional Stress ECG)
	<input type="checkbox"/> Recheck _____ <input type="checkbox"/> in AM
	<input type="checkbox"/> Needs Vision Correction
	<input type="checkbox"/> Unable to Clear for Position Listed:

____ MGB ____ RMB ____ MJB ____ DPB

Dant Bourgeois

